434573

2015 Sep 28 AM08:17

UCC FINANCING STATEMENT

<u>FOL</u>	LOW INSTRUCTION	S (front and back) CAREFULLY				
		ONTACT AT FILER [optional] 1058				
В. 3	SEND ACKNOWLEDG	MENT TO: (Name and Address)				
	Hudes, Karen A 5203 Falmouth Bethesda, MD 2	Road				
	L		THE ABOV	E SPACE IS FO	OR FILING OFFICE U	SE ONLY
1. [ULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names			
	1a. ORGANIZATION'S N	AMÉ				
OR	1b. INDIVIDUAL'S LAST	NAME Obama	FIRST NAME Barack	MIDDLE	NAME	SUFFIX
1c. N	MAILING ADDRESS 1600) Pennsylvania Avenue	CITY Washington	STATE DC	POSTAL CODE 20500	COUNTRY
1d. <u>\$</u>	SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION DESTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	L ANIZATIONAL ID #, if an	y
2. A	DDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - insert only on	g debtor name (2a or 2b) - do not abbreviate or co	mbine names		
OR	2b. INDIVIDUAL'S LAST	NAME McHugh	FIRST NAME John	MIDDLE	NAME M.	SUFFIX
2c. M	MAILING ADDRESS 101	Army Pentagon	CITY Washington	STATE DC	POSTAL CODE 20310	COUNTRY USA
2d. <u>s</u>	SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if an	y None
3. S	ECURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one secured party name (3a o	or 3b)		
	3a. ORGANIZATION'S N	AME				
OR	3b. INDIVIDUAL'S LAST	NAME Hudes, Agent	FIRST NAME Karen	MIDDLE	NAME A	SUFFIX
3c. N	MAILING ADDRESS 520	Falmouth Road	CITY Bethesda	STATE MD	POSTAL CODE 20816	COUNTRY
4 TI	nia EINANOINO STATEME	NT covers the following colleteral:				

All listed assets, all known and unknown assets of debtors as listed in Certified VERIFIED DECLARATION OF DEFAULT, ASSENT AND DEMAND - THIRD LAWFUL NOTICE OF RIGHTS AND OPPORTUNITY TO CURE USPO Certified Number 7011 1150 0001 9806 3593, claiming specific performance. If specific performance is not done as demanded, then all potential collateral is due including but not limited to cars, trucks, trailers, heavy equipment, bank accounts, vessels, Deeds, future earnigs, businesses, commercial quotas, business proceeds, Deeds, including common law grant and warranty deeds, trust corpus assets, foundation assets, company stock, stock voting rights, all vehicles, homes, real property, bank accounts, brokerage accounts as well as the owed amount all jointly and severally, all PUBLIC or Private, liquidated values not more than an amount of Gold being withheld from the world's monetary system amounting to One Million Eight Hundred Thousand (1,800,000) metric tonnes of Gold Bullion. Certified mail number of the Default as listed above is binding and all written in such instrument is herein incorporated by reference and available upon written request to the secured party. This includes all homes, buildings and/or properties in even unknown or fraudulent identities and social security numbers as Private Investigators have reported that Barack Obama has 38 each separate SSN numbers.

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/C	ONSIGNOR	X BAILEE/BAILOR	SELLER/BUYER	AG. LI	IEN NO	ON-UCCFILING
6. This FINANCING STATEMENT is to be filed (for ESTATE RECORDS. Attach Addendum	or record] (or recorded) in		. Check to REQU [ADDITIONAL F	JEST SEARCH REPOR EE]	(T(S) on Debtor(s)	All Debto	rs Debtor	r 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA				•				

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JCC FINANCING STA OLLOW INSTRUCTIONS (front ar	TEMENT ADDENDUM	1			
	or 1b) ON RELATED FINANCING STA	ATEMENT			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME Obama	FIRST NAME Barack	MIDDLE NAME, SUFFIX			
MISCELLANEOUS:	<u>'</u>				
				IS FOR FILING OFFI	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXA 11a. ORGANIZATION'S NAME	CT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate	or combine names		
11b. INDIVIDUAL'S LAST NAME KI	im	FIRST NAME Jim	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS1818 H Street	t, NW	CITY Washington	STATE DC	POSTAL CODE 20433	COUNTRY
d. <u>SEE INSTRUCTIONS</u> . ADD'L IN ORGANI DEBTOR	IZATION '	11f. JURISDICTION OF ORGANIZA	TION 11g. OR	 GANIZATIONAL ID #, if a	iny No
X ADDITIONAL SECURED F	PARTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a	or 12b)		
12a. ORGANIZATION'S NAME GIO	bal Debt Facility				
12b. INDIVIDUAL'S LAST NAME	b. INDIVIDUAL'S LAST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS 5203 Falmou	uth Road	CITY Bethesda	STATE MD	POSTAL CODE	COUNTRY
This FINANCING STATEMENT cover collateral, or is filed as a fixture.		16. Additional collateral description	:		
. 2000, p. 10, 102, 20, 20, 20, 20, 20, 20, 20, 20, 20,					
. Name and address of a RECORD OV (if Debtor does not have a record inte					
		17. Check only if applicable and che	eck only one box.		
		Debtor is a Trust or Truste	•	property held in trust or	Decedent's Esta
		18. Check only if applicable and che	-		
		X Debtor is a TRANSMITTING UTI Filed in connection with a Manu		n — effective 30 years	
		Filed in connection with a Public		•	